

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033070

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 231

Primary Registration District No. 3048

Registrar's No. 196

FILED AUG 26 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>ANDREW</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>MARYVILLE</u>		Length of stay in 1b <u>14 days</u>	
c. FULL NAME OF (If not in hospital, give location) <u>St. Francis Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Mary Elizabeth Thompson</u>		4. DATE OF DEATH Month <u>8</u> Day <u>19</u> Year <u>1963</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>Cau</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-25-1890</u>
9. AGE (last birthday) <u>73</u>		10. IF UNDER 1 YEAR Months <u>7</u> Days <u>3</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		12. KIND OF BUSINESS OR INDUSTRY <u>HOME-OWN</u>	
13a. BIRTHPLACE (City and state or country) <u>Allen City, Mo.</u>		14. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
15. NAME OF DECEASED <u>William F. Coyle</u>		16. MOTHER'S MAIDEN NAME <u>Malisse J. Johnson</u>	
17. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, give unknown) (If yes, give war or dates) <u>No</u>		18. SOCIAL SECURITY NO. <u>Doyle Thompson - Bolckow, Mo.</u>	
19. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial Decompensation</u> Conditions, if any, which gave rise to above cause, (a), stating the underlying cause last. DUE TO (b) <u>Clinic Myocarditis & Arteriosclerosis</u> DUE TO (c) <u>Diabetes Mellitus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>Several years</u> <u>years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>2:00</u> a.m. <u>PM</u> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Maryville, Mo.</u>	
20g. COUNTY <u>ANDREW</u>		20h. STATE <u>Mo.</u>	
21. I attended the deceased from <u>Aug 5, 1963</u> , to <u>Aug 19, 1963</u> and last saw her alive on <u>Aug 18, 1963</u> Death occurred at <u>2:00 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W.R. Jackson, MD.</u>		22b. ADDRESS <u>Maryville, Mo.</u>	
22c. DATE SIGNED <u>8-21-63</u>		23. NAME OF CEMETERY OR CREMATORY <u>MIRIAM CEM - MARYVILLE, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>8-21-1963</u>	
24. FUNERAL DIRECTOR <u>Atchison, Maryville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-21-63</u>	
26. REGISTRAR'S SIGNATURE <u>Bess Bolckow</u>		27. ADDRESS <u>Bess Bolckow</u>	

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

George M. Oehring
5114

Licensed Embalmer No. _____

P. O. Address

Maryville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.